



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

02/15/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER</b>	<b>→</b>	<b>NJR000027896</b>
<b>INSTALLATION NAME</b>	<b>→</b>	<b>TUBE LIGHT CO INC</b>
<b>INSTALLATION ADDRESS</b>	<b>→</b>	<b>300 E PARK ST MOONACHIE, NJ 07074</b>
<b>MAILING ADDRESS</b>	<b>→</b>	<b>PO BOX 165 WOOD RIDGE, NJ 07075</b>

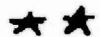
EPA Form 8700-12AB (4-80)

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**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY, 22<sup>nd</sup> Floor  
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION  
RCRA PROGRAMS BRANCH**

**TO: VIZCAINO, ALEXANDER  
WHSE MANAGER  
PO BOX 165  
WOOD RIDGE, NJ 07075**



To avoid delays in processing, please complete all sections.  
Only original signature of the Generator is acceptable.

Please print or type with ELITE

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA****Notification of Regulated Waste Activity**

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

HAZARDOUS &amp; SOLID WASTE PROGRAMS BRANCH

**I. Installation's EPA ID Number (Mark 'X' in the appropriate box)**

A. First Notification

B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

NJ R 000 002 78 916

**II. Name of Installation (Include company and specific site name)**

TUBELIGHT COMPANY, INC.

**III. Location of Installation Requires Building Number or Latitude and Longitude for processing.**

Street

300 EAST PARK STREET

Street (Continued)

City or Town

MOONACHIE

State

Zip Code

NJ

07074

County

County Name

BERGEN

**IV. Installation Mailing Address**

Street or P.O. Box

P.O. BOX 1165

City or Town

WOOD-RIDGE

State

Zip Code

NJ

07075

**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last)

(First)

VIZCAINO

ALEXANDER

Job Title

Phone Number (Area Code and Number)

WAREHOUSE MANAGER

800 1631 0778

**VI. Installation Contact Address**A. Contact Address  
Location Mailing Other

B. Street or P.O. Box



P.O. BOX 1165

City or Town

WOOD-RIDGE

State

Zip Code

NJ

07075

**VII. Ownership****A. Name of Installation's Legal Owner**

LEON JAFFE

LEON JAFFE

Street, P.O. Box, or Route Number

P.O. BOX 1165

City or Town

WOOD-RIDGE

State

Zip Code

NJ

07075

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

201 641 1011

P

P

Yes

No

X

From: Jack Hoyt, AAMD, EPA, Region 2, 290 Broadway, 22 Fl.  
New York, NY 10007-1866. Tel: (212) 637 4106

Don't do  
this

Call

\* Owner  
write

MAIL TO



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2030-0078 Expires  
GSA No. D21K

~~ID - For Official Use Only~~

VIII. Type of Regulated Waste Activity (Mark "X" in the appropriate boxes; Refer to instructions)

### A. Hazardous Waste Activity

### B. Used Oil Recycling Activities

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

**2. Transporter (Indicate Mode in boxes 1-5 below)**

- ☐ a. For own waste only  
☐ b. For commercial purposes

### Mode of Transportation

1. Air
2. Rail
3. Highway
4. Water
5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

#### 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- Indicate Type of Combustion Device(s):**

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | 1. Utility Boiler     |
| <input type="checkbox"/> | 2. Industrial Boiler  |
| <input type="checkbox"/> | 3. Industrial Furnace |

- ☐ 5. Underground Injection Control

### 1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Use of Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- a. Utility Boiler
- b. Industrial Boiler
- c. Industrial Furnace
- d. Hand Oil Transport

3. Used Oil Transporter - Indicate Type  
of Activity(ies)

- ☐ a. Transporter  
☐ b. Transfer Facility

5. Used Oil Processor/Re-refiner - Indica  
Type(s) of Activity(ies)

- a. Process**  
**b. Re-refine**

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

The figure shows six 3x5 grids, each representing a 5x5 grid with some cells filled with black squares. The grids are labeled 1 through 12. The black squares are arranged as follows:

- Grid 1:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).
- Grid 2:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).
- Grid 3:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).
- Grid 4:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).
- Grid 5:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).
- Grid 6:** Row 1: (1,1), (1,2), (1,3), (1,4), (1,5). Row 2: (2,1), (2,2), (2,3), (2,4), (2,5). Row 3: (3,1), (3,2), (3,3), (3,4), (3,5).

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number, See instructions.)

1	2	3	4	5	6

**X Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: 02/04/02

Name and Official Title (Type or print)

**Date Signed**

Alexander Incanio

## WAREHOUSE MANAGER

FEB 10 1990

## **XI Comments**

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)